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MEDNEWS

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Comfort Sails to Take Care to Troops

From Bureau of Medicine and Surgery Public Affairs

BALTIMORE - USNS Comfort (T-AH 20) sailed from Baltimore Monday, preparing to bring care to the troops who will be fighting the war on terrorism.

Aboard the ship were about 225 Navy Medicine healthcare providers and support personnel, most from National Naval Medical Center Bethesda. They will prepare the ship's medical treatment facility for future contingencies.

The Comfort's last unplanned activation came on the afternoon of Sept. 11, 2001, when it was notified to activate in response to the terrorist attacks in New York City. The ship departed for New York the next day with the intention of serving as a floating hospital. With few survivors to treat, the ship quickly adapted to becoming a support center - what Navy Surgeon General Vice Adm. Michael L. Cowan, Medical Corps, called a "Comfort inn" - for rescue and recovery workers.

As many as 900 additional Navy Medicine staff is expected to join the ship after it has completed its ocean transit. They will come from Navy medical facilities from up and down the East Coast and as far west as Great Lakes, Ill.

Fully activated, Comfort is a 1,000-bed medical facility, which makes it one of the largest trauma centers in the U.S. It is also prepared to cope with

effects of a chemical or biological attack.

According to MTF Comfort's Commanding Officer, Capt. Charles Blankenship, Medical Corps, the ship can accept as many as 300 casualties in one day, with 200 more the following day, and 100 more on subsequent days. He says they are ready.

"We always train to the worst-case scenario," said Blankenship.

While underway, Comfort crew and medical staff will receive anthrax and smallpox vaccinations.

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Comfort Rescues Fisherman From Sea

From USNS Comfort Public Affairs

AT SEA - USNS Comfort, just days at sea, already successfully completed its first lifesaving mission by plucking a Bermudan fisherman from the sea after his boat sank in rough seas.

Responding to a call from assistance by the U.S. Coast Guard, Comfort changed course, found the victim, and brought him safely aboard, despite 12 to 15 foot seas.

Comfort medical staff treated rescued fisherman Robert Lambe for minor hypothermia. He is in good condition.

The whereabouts of two other fishermen who were also on the boat when it sank is unknown.

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Yokosuka Claims First Navy Baby Rights

By Bill Doughty, U.S. Naval Hospital, Yokosuka, Japan

YOKOSUKA, Japan - Other babies at naval medical facilities may have been born closer to midnight, but since the day arrives first in the Far East, Corina Aiyana Limon, born at 5:47 a.m. on Jan. 1, 2003 at U. S. Naval Hospital Yokosuka, is the first Navy baby of the new year.

According to other military hospitals in the Far East, she's also the first U.S. military baby worldwide.

Corina Aiyana's mother, Information Systems Technician 2nd Class Petty Officer Ramona Limon, is stationed at U.S. Naval Computer and Telecommunications Station, Far East in Yokosuka. Dad is Damage Controlman 2nd Class Petty Officer Edgardo Limon, serving in USS Blue Ridge, the forward-deployed flagship of the U.S. Seventh Fleet.

Baby Corina is named after Ramona's mom.

"When I called (mom) and told her my baby's name is Corina, she cried and had to regain her composure," said Ramona. "She handed the phone to my grandma."

Edgardo called his shipmates at Damage Control Central to give them the good news.

"Yeah, I called as soon as the baby was born," he said. "They were passing the phone around, 'hey, congratulations, congratulations!'"

Edgardo said he was pleased with the family centered care at the naval hospital. The couple was

able to stay together with their baby in a private room.

"They encouraged us to ask questions," said Edgardo. "They keep coming in and seeing how the baby's doing. The nurses were real cool with my wife. They were encouraging her and telling her it would be all right. I think it was really, really good."

Corina Aiyana entered the world with help from attending physician Lt. Cmdr. Christopher Reed, Medical Corps, head of obstetrics and gynecology, who was on duty in the early hours of Jan. 1, 2003. The Limons' primary care provider is Lt. Paul Hladon, Medical Corps, a family medicine physician.

"We work together as a team, from all the nurses and corpsmen, to the different disciplines - obstetrics, pediatrics and family practitioners," said Hladon. "We have about 600 deliveries here a year. It's our meat and potatoes at this hospital, and I think as a team we accomplish it very well."

Two other babies were born on New Year's Day at Yokosuka.

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DOD Establishes Health Information Security Task Force From Department of Defense Public Affairs

WASHINGTON - In its continued response to the criminal theft of computer equipment and personal identification information contained on some of this equipment, the Department of Defense announced this week additional steps to enhance patient protection from unauthorized access to or criminal use of sensitive personal information.

"Electronic sharing of health care information provides great advances in patient safety, in reduced errors in claims processing, and in improved customer service. But, there are risks in electronic communications that must be identified and measures implemented to prevent or manage those risks," said William Winkenwerder Jr., assistant secretary of defense for health affairs. "Working with our contractor, TriWest, I am pleased to report that we have initiated contact with all 562,000 beneficiaries who had their personal information stolen. These efforts to quickly identify and inform beneficiaries should help deter or prevent identify theft crimes."

Winkenwerder cited a number of steps that will inform and help beneficiaries protect themselves from criminal use of their personal information.

- All 562,000 military beneficiaries whose information was contained on the computer files have been notified by mail of the theft by Dec. 31, 2002, and informed of the actions they should take to protect themselves from identity theft or other misuse of their personal information.

- Fewer than 25 persons also may have had personal credit card information compromised. Each of these individuals has been contacted by phone and informed of the incident and proper actions to take in response.

- Every TRICARE contractor worldwide has been notified of the theft, and directed by DoD to conduct an assessment of information security procedures. DoD will evaluate each assessment with its contractors.

- The criminal investigation remains active, led by the Defense Criminal Investigative Service and supported by the U.S. Attorney in Phoenix, the Federal Bureau of Investigation, and other law enforcement agencies. TriWest has posted a \$100,000 reward for information leading to the arrest and successful prosecution of the perpetrators and return of the stolen items.

Winkenwerder stated that he has focused efforts on heightening information security throughout the health care system.

"Although this incident has raised patient concerns about the security of their military medical records, there is no connection with this criminal theft and the military's computerized health care records," Winkenwerder said. "Our new health records system, known as CHCS-II, has security built into the basic design, and security is continually reassessed. Cutting edge data encryption and a high level of physical protection at a secure government location provide a solid security framework to that program. Nonetheless, we are taking additional steps to heighten information security throughout our health care system."

These steps include:

- A worldwide health care information security assessment will be conducted at every military treatment facility and contractor location to review existing procedures and to ensure physical security of sensitive information.

- A health information security task force comprised of DoD and Service medical leaders and information system experts will assemble next week, consult with TRICARE contractor representatives, and recommend any additional requirements for information security.

- New health information systems to be introduced in the coming months will be compliant with or exceed the Health Insurance Portability and Accountability Act (HIPAA) legal requirements for protection of patient information.

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Beaufort Doc Aids in "Full Accounting"

By Patricia M. Binns, Naval Hospital Beaufort, S.C.

BEAUFORT, S.C. - Cmdr. Robert Reuer, Medical Corps, Branch Medical Clinic Parris Island returned last month from helping resolve mysteries that may give families of missing Vietnam War vets peace of mind and closure.

Reuer spent more than a month with the Missing In Action Search Team deployed to Laos under the auspices of Joint Task Force - Full Accounting. JTF-FA's mission is to account for Americans still missing and unaccounted for as a result of the war in Southeast Asia.

Four recovery teams and one investigative team conducted excavations at four primary sites in two Laos provinces. All four sites involved U.S. aircraft.

The U.S. Army Central Identification Laboratory in Hawaii supports the task force's operations, with augmentees from all the military services.

"My primary mission as a doctor was to keep the American teams (at the sites) healthy," Reuer said. "My secondary mission was to deliver humanitarian medical treatment to the local citizens."

He was assisted by hospital corpsmen and technicians assigned to each of the teams. All received training prior to the trip on malaria, emergency dental conditions, and parasites and bugs indigenous to the area.

Reuer and his ad hoc staff held a clinic every other day, assisted by a Laotian official who also served as interpreter. Medical supplies and equipment were limited, although the teams brought some medications, bandages and toothbrushes with them.

Reuer treated more than 600 patients during his time in Laos.

"It was difficult working with one or more interpreters," said Reuer, "but I continued to ask questions until I was satisfied that I received adequate information."

He diagnosed and treated conditions ranging from headaches and backaches to fungal skin conditions and malaria. All patients also received a supply of vitamins.

Reuer said that the teams discovered what appeared to be a tooth during one of the digs.

"It felt good; it's why we're here," Reuer said. "It was a very positive experience," Reuer said. "And, it was a unique opportunity to get to see diseases that you've only read about and to experience a different culture. I'm grateful to my command for supporting my participation."

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50 Selected for Medical Enlisted Commissioning Program
WASHINGTON - Fifty Sailors will be heading off to college soon as this year's selectees for the Medical Enlisted Commissioning Program.

The program identifies promising E-3 to E-7's to attend an accredited nursing program. Upon completion of a degree, they are commissioned in the Navy Nurse Corps.

The selectees are:

- Chief Petty Officers Eloise Carey, Michelle Guzman Roberts, Rachael Martinez, Irene A. Reus, and Terry D. Vincent.

- Petty Officers 1st Class James Bivins, Edward R. Cavanaugh, Christopher Davis, Ralph J. DeConti, Brani A. Epperson, Jose E. Garcia, Robert D. Gibson, LaDonyia, L. Graham, Benjamin Hoshour, Karen Lindsay, Richard Malicdem, Charlie Manalansan, Jabal L. Marlatt, Joseph

C. McDonald, Susan D. Noell, Lisa Richardson, Laura A. Tate, and Tracey B. Turner.

- Petty Officers 2nd Class Jackie Bailey, Rachel Barraza, Sara Beishir, Keith Blatt, Mark C. Bueno, Brian Drzewiecki, Jessica R. Fahl, Micahel Foust, Wylee A. Griffin, Christopher Linger, Elaine, P. Medley, Jennifer Morrison, Oswald Najera, Carla Newkirk Jones, Melody A. O'Connor, Jeremy M. Ray, Justin T. Ray, Loretta Richardson, Dominique K. Selby, Jack E. Springer, Lonthol Srun, Nicky S. Tomblin, and Lina M. Yecpot.

- Petty Officers 3rd Class Eve S. Burton, Jeffrey L. Ross, Latarya D. Smith, and Erin M. Stewart.

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Aviation Survival Training Center Awarded MUC

CHERRY POINT, N.C. - Chief of Naval Operations Adm. V.E. Clark awarded the Navy's Aviation Survival Training Center Cherry Point with the prestigious Meritorious Unit Commendation in recognition of their outstanding contributions to "the mission and readiness of our Navy and Marine Corps team."

The center trained more than 2,050 Marines in the Multi-place Underwater Egress Trainer ("The Dunker") and the Helicopter Aircrew Breathing Device, an unprecedented number.

ASTC is part of the Naval Operational Medicine Institute in Pensacola, Fla. Its staff is Navy Medicine professionals specially trained in aviation survival.

Heading the center is Lt. Cmdr. Jonathan P. Wilcox, Medical Service Corps, a naval aerospace physiologist.

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Coastie Completes Navy Dental Training

By Lt.(j.g.) Joseph Mastrangelo, MSC, Naval Dental Center Great Lakes, Ill.

GREAT LAKES, Ill. - In a sea of Navy Blue, one uniform stood out at Naval Dental Center Great Lakes' recent personnel inspection. Amidships in the formation was Lt. Cmdr. Craig Kluger, U.S. Public Health Service, wearing the pale blue of the U.S. Coast Guard.

Kluger will serve with the Coast Guard, but until he reports later this month, Kluger, who just completed the Navy's yearlong advanced clinical practice in exodontia, is assigned to the dental clinic at Great Lakes.

Kluger, a general practice dentist, received specialized training in tooth extractions, post-operative care, and biopsies. Additionally, Great Lake's Recruit Training Command's patient volume made it an ideal location for Kluger to gain experience. In just one year, he treated 1,156 patients and extracted 2,293 teeth. That adds up to a whopping \$489,366 worth of dentistry.

"During his time here, Dr. Kluger was one of us," said Cmdr. Milan Pastuovic, Dental Corps, the exodontia program director. "This is the best place in the world to get exodontia experience, and Dr. Kluger worked hard."

The Coast Guard will be getting a great exodontist."

The clinic's commanding officer, Capt. Richard Vinci, Dental Corps, said bringing Kluger to Great Lakes for training and experience is a good example of how integration can enhance Navy Medicine.

"We not only benefit from (Kluger's) productivity, but also from the unique perspective that public health service dentists bring with them. Through this interaction, our dentists and technicians broaden their knowledge base, resulting in better service to our patients. It's a definite win-win opportunity."

When Kluger returns to the Coast Guard, he will be that service's only exodontia specialist.

And he passed his uniform inspection, too.

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Kilted Navy Medicine Analyst Tosses, Throws and Puts
Bureau of Medicine and Surgery Public Affairs

THE PENTAGON - It may be the least lady-like of sports, yet Lt. Linda Kimsey, Medical Service Corps, makes sure she always wears a skirt when she competes.

Kimsey is a top competitor in Scottish heavy athletics, a series of seven events that includes the stone put, hammer throw, caber toss, and sheaf toss. Descriptions of these and other events can go on for pages, but it's enough to say that all involve lifting heavy, oddly shaped objects and throwing them as far as possible.

Kimsey's skirt is really a kilt, and its wearing is a requirement for competitors, both men and women. Kimsey wears the Navy's official tartan, which originated in the district where the now-closed Submarine Base Holy Loch Scotland was located.

Kimsey has been competing for three years, and is already the Southeast Amateur Women's Champion. Overall, she is ranked third in the country. She holds the world record for the 12-pound sheaf toss at 24 feet.

"I got started when I went to watch a friend of mine compete (in the games)," said Kimsey. "I decided to give it a try because watching, it looked like too much fun to pass up."

It only took one game for her to realize heavy athletics was her sport.

"I think about it, train for it almost every day," said Kimsey. "It's not the sport for everybody, but it's for me."

Kimsey will "defend her sword" - the trophy awarded to her as the Southeast Amateur Women's Championship - in April 2003. Her goal is to rise nationally from third to second ranking, which may be a possibility if she does well.

"I think I'll do okay," she said. "The second ranked woman and I move back and forth between third and second, and we're both sneaking up on the number one ranked woman."

While participation nationwide in heavy athletics has increased greatly over the last three years, Kimsey

said she's met only one other Navy member at the games, a SEAL.

"This is one tough sport," said Kimsey, "which is why I like it so much."

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Theater Medical Information Program Benefits War Fighter From Department of Defense Public Affairs

The Department of Defense's Theater Medical Information Program (TMIP) has added new capabilities that will provide special benefits to the war fighter. It will now be able to track disease and injury trends, and create healthcare alerts in the event of biological or chemical attacks.

TMIP also captures medical records and links healthcare in the theater of conflict. These new features will be available to the uniformed services once testing and evaluation is completed.

"These capabilities never existed before, and it will greatly benefit the war fighter," said Army Lt. Col. Thomas Yingst, TMIP program manager.

TMIP integrates medical information systems and ensures their precise, interoperable support for rapid mobilization, deployment and sustainment of all theater medical services. TMIP also plays a vital role in force health protection by providing critical medical data for decision-making.

"Our focus has been and will continue to be on protecting the health of the war fighter and providing medical information to theater commanders," said Yingst. "That's what this program is all about," said Yingst.

New enhancements are being worked on for future software releases, including monitoring patient movement and medical regulating capabilities, dental and vision support and more.

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TRICARE Handbook Now Interactive

FALLS CHURCH, VA - The new online TRICARE Handbook now has interactive features that will make it even more user-friendly.

The online version, available on the TRICARE Web site, www.tricare.osd.mil/TricareHandbook/, offers a search functions that allows either subject or general search. It also allows users to jump to specific sections of the handbook by using the interactive table of contents.

The TRICARE Handbook may be downloaded in printer-friendly format by section or in its entirety.

Another advantage of the new online interactive handbook is changes to the benefit can be included as they occur.

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Healthwatch: Surviving Winter's Cold

By Aveline V. Allen, Bureau of Medicine and Surgery

WASHINGTON - The cold months means curling up with

hot chocolate and a good book for many, but should you venture outdoors, caution is required to keep you and your family safe from winter's cold wrath.

Frostbite and hypothermia are common dangers for those spending time in cold weather. Frostbite generally affects extremities and exposed cheeks, ears and nose, and has symptoms that include white, waxy or grayish-yellow tone skin. Skin may also feel cold and numb, and be hard to the touch.

While most people may be aware that fingers, toes and the face should be protected from the cold, one area often neglected is the eye.

"Eye symptoms related to frostbite may include sensitivity to light, tearing, blinking, blurred vision, and pain with rewarming," said Lt. Cmdr. Mae M. Pouget, Medical Corps, Navy specialty leader for general medicine.

If you suspect frostbite, a trip to the emergency room is essential. Untreated frostbite can mean losing the extremity. However, the National Safety Council (NSC) recommends some basic things you can do until medical attention is available:

- get the victim out of the cold and to a warm place right away,
- remove any clothing that may interfere with circulation,
- place dry sterile gauze between toes and fingers, which will absorb moisture and stop them from sticking together,
- slightly elevate the affected part to reduce pain and swelling.

Hypothermia occurs when the body loses more heat than it produces. Its symptoms may not be as obvious as frostbite's.

"Subtle symptoms may include hunger, fatigue, weakness, dizziness, nausea, and inability to get warm," said Pouget. "Victims may become confused and show poor judgment."

Some other symptoms of hypothermia include dark and puffy skin, uncontrollable shivering, rigid muscles, irregular heartbeat, and, in severe cases, unconsciousness.

The NSC recommends the following tips to treat hypothermia:

- as with frostbite, get the victim out of the cold immediately,
- put insulation such as blankets, pillows or towels beneath and around the victim, ensuring they are in a flat position,
- cover the victim's head to reduce further heat loss,
- remove wet clothing and replace with dry.

It's important to handle the victim gently, as rough handling may lead to cardiac arrest.

Pouget's advice is to take preventive measures before going out in the cold.

"Be sure to wear a hat or other head covering,

scarf, and gloves or mittens," she said. Other experts recommend wearing loose layers of clothing.

Other preventive tips Pouget offers include a healthy diet; adequate rest; avoidance of alcohol, caffeine and tobacco; and drinking plenty of water. She also recommends acclimatizing to weather conditions and maintaining good physical conditioning.

For winter sports buffs, Pouget recommends investing in appropriate clothing.

"Synthetic insulated clothing such as Gortex and Thinsulate is available for prolonged exposure to the cold and winter sports activities," said Pouget.

For more information on cold weather safety tips, see www.nsc.org.

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Got news? Navy & Marine Corps Medical News seeks stories and photos about Navy Medicine people, places, ideas, innovations, events. Call the MEDNEWS editor at 202 762-3319 or e-mail JaKDavis@us.med.navy.mil.

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